# Maryland Child Abuse Medical Providers (CHAMP)

# 2009 Annual Report

## August 21, 2009

**Howard Dubowitz, MD, MS**
**Director, CHAMP Program**
**Professor of Pediatrics**
**University of Maryland School of Medicine**

Funding for CHAMP is provided in part by the Dept of Health and Mental Hygiene Center for Maternal and Child Health under the Child Abuse and Neglect Centers of Excellence Initiative.

## BACKGROUND

In 2005, the Maryland legislature approved House Bill 1341 "*Public Health – Child Abuse and Neglect Centers of Excellence Initiative."* This authorized the Maryland Department of Health and Mental Hygiene to help develop a network of expert physicians in the area of child abuse and neglect in Maryland. The initial priority was to help underserved counties have expert medical consultation to assist in the evaluation, treatment and prevention of child maltreatment. A three-year contract was awarded, starting on 9/15/06, to the University of Maryland School of Medicine to lead this initiative. The program was named Maryland Child Abuse Medical Providers (CHAMP). This contract was renewed for another 3 years starting on 7/1/09.

## CHAMP GOALS

The goals have evolved since the initiation of CHAMP. These are:

1. To ensure an optimal medical response to children in Maryland suspected of having been abused or neglected, and their families.
2. To develop a statewide network of physicians and forensic nurse examiners – pediatrics (FNE-Ps) to provide a variety of services regarding child maltreatment. In addition to training new physicians as experts in the field of child maltreatment, we wish to include in the network other physicians and nurses who have been active in this field.
3. To collaborate with those in other disciplines and agencies, particularly child advocacy centers (CACs).
4. To build efforts by pediatric health care providers regarding the prevention of child maltreatment.

## GOVERNANCE

The project is orchestrated by the University of Maryland School of Medicine, specifically the Division of Child Protection within the Department of Pediatrics. The program director, Howard Dubowitz, MD, MS is Head of the Division of Child Protection. The program's administrative assistant is within the Division, working 25% time on the project. Financial management is handled by the administration in the School of Medicine, Department of Pediatrics at University of Maryland at Baltimore.

The project has a core faculty of 5 other pediatricians, all experts in child abuse and neglect. These are: Mesa Baker, MD (Baltimore City), Mitchell Goldstein, MD, MBA (Baltimore City), Scott Krugman, MD (Baltimore County), Wendy Lane, MD, MPH (Baltimore City and Howard Counties), and Charles Shubin, MD (Baltimore). The faculty helps develop and implement CHAMP.

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## PROGRAM STRUCTURE

The CHAMP director and faculty are responsible for developing and leading the program. This includes:

- Providing a vision for the CHAMP and developing strategies for achieving our goals
- Developing the initial and ongoing training of physicians
- Recruiting, training, and maintaining physicians, including paying their stipends
- Including forensic nurse examiners – pediatrics (FNE-Ps) in the network.
- Ensuring CQI and high quality work
- Evaluating the program
- Collaborating with the Maryland DHMH

The faculty holds a monthly meeting for 2 hours. Ms. Joan Patterson of DHMH is invited. In addition, much work is done through electronic communications, including e-mail and electronic distance consultation software (Telecam).

**ACHIEVEMENTS: 7/1/08 – 6/30/09**

**Program Development**

- Drs. Wehberg, Haworth and Porter have made good progress; their reports are at the end of this report. Clearly, it takes time to build programs, but all 3 physicians are very dedicated to this effort. These three physicians are funded by CHAMP; we refer to them as CHAMP physicians.

- We have engaged 7 physicians who had been working part-time in the child abuse field in the network and they participate in our regular training sessions: Drs. Paul Lomonico (Harford), Dianna Abney (Charles), Evelyn Shukat (Montgomery), Fayette Engstrom (Talbot), Karla Paylor (Frederick), Kurt Cylus (Batimore County) and Robert Wack (Carroll). These physicians are NOT funded by CHAMP; we refer to them as physicians in the CHAMP network.

- We have successfully reached out to and forensic nurse examiners (FNE-Ps) who have been working in the field of child abuse. They have increasingly been participating in CHAMP trainings. It has become clear that in addition to serving underserved counties, CHAMP plays a valuable role in enhancing the capabilities of Maryland health professionals working in this field.

- Feedback from physicians and nurses regarding CHAMP has been very positive. It is evident that the peer review is critical for ensuring and improving skills.

- All participants in the CHAMP network are offered:
    - Consultation via Telecam
    - The CHAMP Handbook
    - Half-day trainings, three times a year.
    - Paid subscription to the Quarterly, a review of the medical literature on child maltreatment (physicians only).

- Dr. Dubowitz has spoken with CPS leaders in several counties that currently do not have a dedicated physician about possible participation in CHAMP.
    - Dorchester county are interested in having physician coverage; Dr. Engstrom has agreed to evaluate these children, in the Easton CAC.
    - Somerset county are also interested; discussions are ongoing.
    - Calvert and Worcester counties decided that they are currently satisfied using their FNE-Ps, although they could certainly participate in trainings.

- We had an article on CHAMP in the Maryland American of Pediatrics Newsletter (Winter 2008/2009). It described the program and invited pediatrician participation.

**Policy Development**

We drafted guidelines for:

1) Child protective services (CPS): Children suspected of having been neglected should receive medical consultation (see Appendix).
2) Health professionals in the field of child maltreatment: Peer review guidelines for Maryland health professionals working in the field of child maltreatment (see Appendix)

Neglect is by far the most commonly identified form of maltreatment (approximately two-thirds of reported cases), but there remains considerable uncertainty as to how to approach it. Our aim is to have CHAMP

providers become skilled in addressing neglect, particularly for cases involving medical issues. It is very clear that peer review is critical for continuous quality improvement and ensuring a high standard of care. The guidelines are mandatory for CHAMP physicians paid by the program, and recommended for others. Our goal is to help encourage a consistent approach to the medical evaluation of these children across Maryland. The guidelines have been distributed to the CHAMP network, with encouragement to disseminate it within their counties.

**Training**

We held 3 half-day training sessions at the University of Maryland School of Medicine on 11/6/08, 2/12/09 and 6/25/09 – attended by 16-23 people. These were very well received. Agendas are in the Appendix.
We have continued to pay all non-faculty physicians $750 per training session they attend. For many of them, this involves a full day away from their practice and we have seen this as a necessary incentive to encourage participation.

Ongoing training occurs via case consultation and intermittent conversations on systems issues.

**Program Implementation**

All the CHAMP physicians have a roster of faculty on call. We provide 24/7 coverage.
We have continued working closely with VisualShare, a software company dealing in the secure distribution of medical images for peer review. They did considerable customization of the program (Telecam) to meet our needs. This has been up and running for the past 5 months with increasing use by those in the CHAMP network. Examiners are able to post detailed information on cases including images on a secure website, accessible to reviewers who can quickly provide feedback. Several reviewers can comment and the primary examiner can pose questions. A useful feature is a "discussion thread" that allows for an ongoing on-line conversation.

**Program Supervision, Monitoring and Evaluation**

Supervision of newly recruited physicians is done via posting cases and images on Telecam, with at least two faculty members reviewing each case. Identifiers are removed, so that all CHAMP physicians can follow the cases for learning purposes. We are also offering this, voluntarily, to physicians and nurses who are participating in the CHAMP network, as part of our CQI. They are both able to post their own cases and to review others – for their education.

**PROPOSED PLANS FOR THE COMING YEAR**

We have made good progress thus far. The program definitely appears sustainable as we build upon the solid foundation we have laid. Major specific plans are:

- Continue to nurture the program in Allegeny, Wicomico and Garrett counties.
- Continue to develop the network, including other physicians and forensic nurse examiners – pediatrics (FNE-Ps).
- Recruit one more doctor in an underserved county.
- Consider use of CHAMP funds to provide photographic equipment to physicians and nurses participating in the program.
- Continue to pay non-faculty physicians $750 per training session. Consider some payment for nurses as well.

- Obtain CME credit for physicians attending training sessions.
- Expand participation of our consultation and peer review system via Telecam
- Develop a library of teaching cases on Telecam
- Organize three half-day trainings
- Include neglect and prevention in CHAMP trainings and efforts. With regard to neglect, we will include neglect in our trainings, with the goal of having CHAMP physicians are in a position to provide consultation on neglect cases – the most common form of maltreatment. They should be especially useful in cases with medical issues. Once a CHAMP physician is reasonably established as a resource in the County, we will promote ways to engage in prevention efforts. This should include collaboration with the County Health Department, the American Academy of Pediatrics, and other local agencies. One possibility is training local physicians and nurses in the detection of risk factors for maltreatment.
- Prepare presentations for all in the network to train medical and non-medical audiences on physical and sexual abuse and how the systems work.

# Maryland Child Abuse Medical Providers (CHAMP)

# 2009 Annual Report – Appendix

# Appendix A

**Maryland CHAMP Guidelines for Medical Consultation Concerning Child Neglect (6/09)**

- There are many circumstances where the assessment and management of child neglect can be enhanced with medical consultation by a pediatrician expert in the field of child abuse and neglect.
- While the concern with physical health may be a priority, expert consultation can also inform assessments where children's mental health, dental health and development may be affected.
- In general, such consultation is not urgent as neglect reflects patterns of inadequate care or children's needs not being met over time. Nevertheless, it is helpful if the consultation is sought early during the assessment.
- In most situations, a physical examination is not needed for the consultation.
- The consultation will usually hinge on the availability of a comprehensive history and medical records, particularly from the child's pediatric primary care provider. It may often be helpful if the consultant confers with the primary care provider.
- The following are circumstances for which expert medical consultation is recommended:
    - CPS report is for medical neglect (failure/delay to seek medical care, failure to adhere to recommendations for evaluation or treatment)
    - Neglect in children with chronic diseases or conditions
    - Neglect in children with disabilities or mental health problems
    - Supervisory neglect related to injuries, ingestions, fatalities
    - Failure to thrive, growth problems
    - Concerns of dental neglect
    - Concerns regarding hygiene, sanitation, lack of basic utilities (eg, heat) that may affect children's health

**APPENDIX B**

**CHAMP Physician Peer Review Requirements**
**6/29/09**

## Definitions

A **CHAMP Physician** refers to any physician who receives salary support from the CHAMP program.

An **Exam** refers to an in-person assessment, where a medical exam is completed.

A **Case Consultation** refers to a review of medical records and other documents, including laboratory studies, x-rays, etc. in order to provide an assessment about the likelihood of child maltreatment. Case reviews do not involve a medical exam by the CHAMP provider.

## Peer Review Policy

(1) CHAMP requires that ALL provider exams be peer reviewed, and feedback given, until the provider has completed at least 50 exams. Until this time, his/her assessment will not be considered final until review by two faculty members has occurred.

(2) Once 50 exams have been completed, the number and frequency of cases to be reviewed may be adjusted based on the level of comfort of the consultant and the faculty.

(3) CHAMP requires that all ***abnormal*** exams be peer reviewed by at least one member of the CHAMP faculty even after the completion of 50 exams.

(4) CHAMP requires that all Case Consultations be reviewed by at least one member of the CHAMP faculty until the provider has completed 15 case consultations. Until this time, his/her assessment will not be considered final until review by at least one faculty member has occurred.

(5) CHAMP requires that all Case Consultations be documented using a standard format (see attached) to facilitate the peer review process.

(6) Salary support from CHAMP is contingent upon adherence to this policy.

Peer review recommendations are based upon published standards for both physicians and forensic nurse examiners – P (FNEPs) nurses that include statements about the importance of ongoing peer review. These standards are summarized below:

**Adams JA, et al. Guidelines for medical care of children who may have been sexually abused. *J Pediatr Adolesc Gynecol.* 2007;20:163-172.**

- "The provider should have a system in place so that consultation with an established expert or experts in sexual abuse medical evaluation is available when a second opinion is needed regarding a case in which physical or laboratory findings are felt to be abnormal…The qualified provider is encouraged to participate in… Ongoing peer review, at a regional or national level if not available locally…and Quality assurance activities.

- In cases where the examining nurse believes the child's examination shows signs of recent trauma or residua of trauma, we recommend that the photographic record be reviewed by a qualified medical provider, as defined above, before conclusions are transmitted to the family or to the social service or law enforcement representative who requested the examination."

**U.S. Department of Justice Office on Violence Against Women.** ***National Training Standards for Sexual Assault Medical Forensic Examiners.*** **Washington, D.C.: U.S. Department of Justice; 2006.**

- "Quality assurance and peer review processes should be implemented in some form to help maintain the highest quality care for patients."

- Recommendations for Clinical Practice Content:

-- "Practice in documentation/chart review and involving colleagues in the review process, with the goal of improving documentation."

-- "Ongoing education (both refresher courses and advanced training), supervision, and mentoring to facilitate consistently high-quality performance by FNE-Ps."

***National Children's Alliance Standards for Accredited Members, Revised 2008.***
www.nationalchildrensalliance.org The National Children's Alliance is an organization that supports communities in developing a comprehensive response to child maltreatment. It provides accreditation to child advocacy centers that meet its standards. These standards were recently updated, and now require a peer-review process for medical evaluations as follows:

***Standard: "The CAC and/or MDT provide opportunities for those who conduct medical evaluations to participate in ongoing training and peer review.***
The medical provider should be familiar and keep up-to-date with published research studies on findings in abused and non-abused children, sexual transmission of infections in children, and current medical guidelines and recommendations from national professional organizations such as the American Academy of Pediatrics Committee on Child Abuse and Neglect and the Centers for Disease Control and Prevention.

The provider should have a system in place so that consultation with an established expert or experts in sexual abuse medical evaluation is available when a second opinion is needed regarding a case in which physical or laboratory findings are felt to be abnormal. An advanced medical consultant is generally accepted to be a physician or advanced practice nurse who has considerable experience in the medical evaluation and photo documentation of children suspected of being abused, and is involved in scholarly pursuits which may include conducting research studies, publishing books or book chapters on the topic, and speaking at regional or national conferences on topics of medical evaluation of children with suspected abuse.

The above must be demonstrated through the following *Continuous Quality Improvement* Activities:

- Ongoing education in the field of child sexual abuse consisting of a minimum of 3 hours per every 2 years of CEU/CME credits

- Photo documented examinations are reviewed with advanced medical consultants. Review of all exams with positive findings is strongly encouraged."

**Support from the Literature**

From Adams:

Medical Providers

The child sexual abuse medical provider who is responsible for the interpretation of findings, diagnosis and treatment of alleged sexual abuse should have relevant training and clinical experience as listed below:

1. The qualified child sexual abuse medical provider can be a physician, nurse practitioner, or physician assistant, in pediatric medicine, pediatric emergency medicine, pediatric gynecology, or family medicine.
2. The provider should have formal training in the medical evaluation of suspected child sexual abuse, including didactic medical education, practical experience conducting evaluations, and mentoring, as needed, by an established expert in the field.
3. The provider should be familiar and keep up to date with published research studies on findings in abused and non-abused children, specificity for sexual transmission of infections in children, and guidelines and recommendations from the AAP Committee on Child Abuse and Neglect and the CDC.
4. The provider should be able to demonstrate substantial experience and proficiency in the child sexual abuse medical evaluation, and have a clear understanding of the differential diagnosis of physical findings that could be mistaken for abuse.
5. The provider should have a system in place so that consultation with an established expert or experts in sexual abuse medical evaluation is available when a second opinion is needed regarding a case in which physical or laboratory findings are felt to be abnormal. An established expert is generally accepted to be a physician who has considerable experience in the medical evaluation of children using a colposcope for magnification and photo documentation, is involved in academic pursuits in the field such as conducting research studies, publishing books or book chapters on the topic, and is speaking regularly at national conferences on topics of medical evaluation of children with suspected sexual abuse. The Ray E. Helfer Society and the Section on Child Abuse and Neglect of the AAP can both be helpful in identifying such experts for providers needing a consultation.

The qualified provider is encouraged to participate in:

- Ongoing educational activities, including regular attendance at conferences at which presentations and updates are given on the specific topic of medical evaluation of suspected child sexual abuse.
- Ongoing peer review, at a regional or national level if not available locally.
- Quality assurance activities.
- Collaboration with a multidisciplinary team.
- The child sexual abuse medical provider should be readily available to testify in court.
- The child sexual abuse medical provider is encouraged to have an active role in the community response to child sexual abuse.

Nurse Examiners

In cases where the examining nurse believes the child's examination shows signs of recent trauma or residua of trauma, we recommend that the photographic record be reviewed by a qualified medical provider, as defined above, before conclusions are transmitted to the family or to the social service or law enforcement representative who requested the examination.

Adams JA, et al. Guidelines for medical care of children who may have been sexually abused. J Pediatr Adolesc Gynecol. 2007;20:163-172.

From U.S. DOJ:

Jurisdictions and examiner programs should consider how to enhance competencies of FNE-Ps after the initial didactic training and clinical practice. Continuing education is necessary to build upon FNE-Ps' knowledge; keep

them current with technology, science, documentation, and promising practices; and refresh skills that were gained in basic training. One-on-one supervision and mentoring is critical to allow veteran examiners to evaluate the individual performance of newer FNE-Ps, answer case-specific questions that arise, and consider how to promote their professional development. Quality assurance and peer review processes should be implemented in some form to help maintain the highest quality care for patients.

Practice in documentation/chart review and involving colleagues in the review process, with the goal of improving documentation.

Ongoing education (both refresher courses and advanced training), supervision, and mentoring to facilitate consistently high-quality performance by FNE-Ps.

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## APPENDIX C

### Peer Review Recommendations for Participants in the CHAMP Network
### 6/30/09

In order to assure and maintain the highest quality care for Maryland children with suspected maltreatment, CHAMP recommends that all clinicians who evaluated children for suspected maltreatment participate in peer review. After much discussion, CHAMP has established the following guidelines for peer review participation. These guidelines are intended to apply to all Maryland clinicians who provide medical care to children with suspected maltreatment. A separate, mandatory peer review policy has been developed for physicians who receive salary support from CHAMP.

(1) CHAMP recommends that ALL provider exams be peer reviewed, and feedback given, until the provider has completed at least 50 exams. Until this time, his/her assessment will not be considered final until review by two faculty members has occurred.

(2) Once 50 exams have been completed, the number and frequency of cases to be reviewed may be adjusted based on the level of comfort of the consultant and the faculty.

(3) CHAMP recommends that all ***abnormal*** exams be peer reviewed by at least one member of the CHAMP faculty even after the completion of 50 exams.

Peer review recommendations are based upon published standards for both physicians and forensic nurse examiners – P (FNEPs) that include statements about the importance of ongoing peer review. These standards are summarized below:

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The above must be demonstrated through the following *Continuous Quality Improvement* Activities:

- Ongoing education in the field of child sexual abuse consisting of a minimum of 3 hours per every 2 years of CEU/CME credits
- Photo documented examinations are reviewed with advanced medical consultants. Review of all exams with positive findings is strongly encouraged."

**More Detailed Information Regarding Support from the Literature**

From Adams:

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- Ongoing peer review, at a regional or national level if not available locally.
- Quality assurance activities.
- Collaboration with a multidisciplinary team.
- The child sexual abuse medical provider should be readily available to testify in court.
- The child sexual abuse medical provider is encouraged to have an active role in the community response to child sexual abuse.

Forensic Nurse Examiners – Pediatrics (FNE-Ps)

In cases where the examining nurse believes the child's examination shows signs of recent trauma or residua of trauma, we recommend that the photographic record be reviewed by a qualified medical provider, as defined above, before conclusions are transmitted to the family or to the social service or law enforcement representative who requested the examination.

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U.S. Department of Justice Office on Violence Against Women. National Training Standards for Sexual Assault Medical Forensic Examiners. Washington, D.C.: U.S. Department of Justice; 2006.

## Maryland CHAMP Training Agenda – February 12, 2009

12.30: Lunch

1.00: Welcome, introductions

1.05: Case review

2.00: Telemedicine/Telecam – Mitchell Goldstein, MD

3.00: Break

3.15: Child Neglect - Howard Dubowitz, MD

4.30: Cases continued

5.00: Adjourn

## Maryland CHAMP Training Agenda – June 25, 2009

12.30: Lunch

1.00: Welcome, introductions

1.05: Case review

2.00: Telemedicine/Telecam – Mitchell Goldstein, MD

2.50: Break

3.00: “How to give a professional presentation” - Howard Dubowitz, MD

3.20: Physical abuse talk for non-medical folks – Scott Krugman, MD

4.00: Discussion on how to teach the material, other issues

5.00: Adjourn

**Allegany County**
**ANNUAL REPORT- MARYLAND CHAMP PROGRAM**
**7/1/08 – 6/30/09**

Allen Haworth, D.O.
Allegany County CAC
One Frederick St.
Cumberland, MD 21502

Sexual abuse cases: 14
Physical abuse cases: 10
Other consultations: 4

This year has been one of slow but steady progress with the Allegany County CAC. We are now utilizing a room set up for medical exams in the same building that houses our DSS. We have averaged 2 exams a month, but cases do seem to be on the rise. In doing medical exams there, I have come to realize that this situation is somewhat functional but less than ideal.

This year I have tried to focus on what we in Allegany county need to do to establish a fully accredited CAC. I now have a designated social worker to help with organizational meetings related to this. We had several meetings this year with key community leaders to try to get an advisory board set up for the CAC. I gave short presentations about the CHAMP program at each of these meeting. This was successful and this board is now working to establish a Board of Directors and to get a non profit tax status for our CAC. We are also working with our Local Management Board in this regard. We are also trying to get people involved and/or trained in grant writing since this seems to be the key method in obtaining ongoing funds to have a fully operational CAC. In this light, I envision having integrated services involving CPS, law enforcement, state's attorney, counseling services, and medical services, preferably under one roof. That is my goal and even though we are a small county, I still feel this can be accomplished with time. I am certain this would be in the best interest of the children in Allegany County.

Last year one of my frustrations was lack of involvement with law enforcement. I now have a key player within their ranks that is designated for work on child abuse cases. Unfortunately he has other responsibilities as well, but this is much more promising than what I had to work with last year. He does seem dedicated to work on cases of child maltreatment, and that is definitely a plus.

I have visited other CACs in the state with a group of people from DSS. We are learning how other similar and not so similar counties are doing it and have obtained some very useful ideas. I continue to serve on our local Sexual Abuse Response Team (SART) and on the Allegany Child Abuse Task Force Board.

I continue to have an excellent working relationship with our local hospital SAFE nurses. They are loaned to me to help with exams by our hospital administration. I continue to review cases involving pediatric patients they have seen. We have an almost entirely new staff of ER doctors that I plan to introduce to the CHAMP program. I had done this the year before but a new group has taken over or local ER and there are many new faces.

I look forward to another year of working with the CHAMP program and plan to attend the training sessions offered in Baltimore. The ongoing support of the faculty involved with this is much appreciated, and with their help, I feel I have gained a great deal of confidence in my evaluation of abused children.

Thank you for your support,
Allen Haworth, D.O.

**Garrett County**
**ANNUAL REPORT- MARYLAND CHAMP PROGRAM**
**7/1/08 – 6/30/09**

Richard Porter D.O.
Wellspring Family Medicine
311 N. Fourth St. Suite 1
Oakland, MD 21550

I have worked with the Garrett County Department of Child Protective Service since June 2008 after I began training sessions at University of Maryland Hospital with the CHAMP physicians.

Since I have begun I have seen 8 total cases of abuse (6 sexual and 2 physical). I have done 1 case review involving sexual abuse.

I have developed a working relationship with the CAC staff, case workers and investigators. I attend our monthly CAC meetings even though at this point we don't have a building for the CAC yet. I make myself available to the ER, states attorney, and other local attorneys at anytime while I am in town.

Challenges have been getting the IT system working. I like the telecam system but have a hard time with the double charting that I have to do. I see the patients in my own office and have charting for the medical file there, as well as the telecam chart. This has to be done because I am on a different EMR system, and it is linked to our billing and coding whereas telecam is not. When our county is able to open a full CAC then this problem will be resolved.

The CHAMP training sessions have been invaluable. I had very limited training in residency in the area of abuse so I have loved the education provided. The CHAMP physicians are always supportive if I have a question concerning a case in Garrett County.

I hope to continue to offer this service to Garrett County and extend the educational aspect of this program. I was able to give a grand rounds presentation to the medical staff last fall and I hope to do more. I have partnered with one of the SAFE nurses at the Health Department.

Thank you,

Richard Porter D.O.

**Wicomico County**
**ANNUAL REPORT- MARYLAND CHAMP PROGRAM**
7/1/08 - 6/30/09

Jennifer Wehberg, M.D.
Wicomico County Child Advocacy Center
926 Snow Hill Road Cottage 400
Salisbury, Maryland 21801

This is a report of the cases from 6/1/08 to 6/30/09:

Sexual abuse cases: 27
Physical abuse cases: 5
Other consultations: 4

In addition to patient consultation, I attended a lecture at Wor-Wic Community College by Dr. Mesa Baker and attended the Mid-Atlantic conference on child abuse. I have given two lectures at the CAC to social workers and law enforcement for guidelines of examinations. I had one court appearance for a sexual abuse case and have been available if needed for many other cases. I have had a NP training for SAFE exams observing for several cases. I attend the quarterly training sessions at University of Maryland Hospital. These are excellent opportunities to discuss difficult cases and get technical support.

I am now using the Visual share Telecam system with all my patients. I like the peer review and being able to get quick feedback to any questions or concerns. I met with the Assistant States Attorney to demonstrate the Telecam system and discuss the benefits of utilizing the system. I have a meeting scheduled next month to demonstrate it to our SAFE nurses.

I hope to continue to offer CHAMP services to Wicomico County.

Thank you,

Jennifer Wehberg, M.D.